07/08/2011 17:09

# FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

		Office Use Only
	SE FEC MAILING LABEL Example: If typing, type over the lines	
CHARLOTTE-MECKLENBUR	G HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYST	FEM EMPLOYEES
ADDRESS (number and street)	ATTENTION: MARY ANN ROUSE	
Check if different	1000 BLYTHE BOULEVARD	
than previously reported. (ACC)	CHARLOTTE	NC 28203 - 2861
2. FEC IDENTIFICATION NUMB	ER V CITY A	STATE A ZIPCODE A
C00423871	3. IS THIS X NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2) May 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar 20 (M3) Jun 20 (M6)	Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report(Q1) July 15	(c) 12-Day Primary (12P)	General (12G) Runoff (12R)
Quarterly Report(Q2) October 15	PRE-Election Report for the: Convention (12C)	Special (12G)
Quarterly Report(Q3)  January 31		in the
Quarterly Report(YE)	Election on	State of
X July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the:	in the
	Election on	State of
5. Covering Period 0 4	0 1 2 0 1 1 through 0 6	30 2011
I certify that I have examined this Re	port and to the best of my knowledge and belief it is true, correct	and complete.
Type or Print Name of Treasurer	Mary Ann Rouse	
Signature of Treasurer Electronic	ally Filed by Mary Ann Rouse	Date 07 08 2011
•		
	ous, or incomplete information may subject the person signing th	T I
Office Use Only		FEC FORM 3X (Rev. 12/2004)
EEGANIOOG		

### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1  2011		153922.58
	(b) Cash on Hand at  Begining of Reporting Period	170637.61	
	(c) Total Receipts (from Line 19)	17236.82	37465.32
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	187874.43	191387.90
	Fotal Disbursements (from Line 31)	-2000.00	1513.47
	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	189874.43	189874.43
	Debts and Obligations owed TO he committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations owed BY he committee (Itemize all on Schedule C and/or Schedule D)	0.00	

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

2 0 1 1 м м 0 4 0 1 м°м 06 30 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 14912.20 26979.26 (i) Itemized (use Schedule A) ...... 2278.88 7902.90 (ii) Unitemized ..... (iii) TOTAL (add 17191.08 34882.16 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 17191.08 34882.16 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 13.47 13.47 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 2500.00 Political Committees ..... 17. Other Federal Receipts 32.27 69.69 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 17236.82 37465.32 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 17236.82 37465.32

FE6AN026

(subtract Line 18(c) from Line 19) .....

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A	COLUMN B	
1 /	Departing Expenditures:	Total This Period	Calendar Year-to-Date	
	a) Shared Federal/Non-Federal			
,	Activity (from Schedule H4)	0.00	0.00	
	(i) Federal Share			
	(ii) Non-Federal Share	0.00	0.00	
(	b) Other Federal Operating			
(	Expenditures	0.00	13.47	
(	c) Total Operating Expenditures			
	(add 21(a)(i), (a)(ii) and (b))	0.00	13.47	
	ransfers to Affiliated/Other Party			
	Committees	0.00	0.00	
	rederal Candidates/Committees  Ind Other Political Committees	-2000.00	1500.00	
	nd Other Political Committeesndependent Expenditure	-2000.00	1300.00	
	use Schedule E)	0.00	0.00	
5. (	Coordinated Expenditures Made by Party			
(	Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00	
		0.00	0.00	
6. L	oan Repayments Made	0.00	0.00	
7 1	oans Made	0.00	0.00	
	Refunds of Contributions To:	0.00	0.00	
(	a) Individuals/Persons Other Than Political Committees	0.00	0.00	
	Than Political Committees			
(	b) Political Party Committees	0.00	0.00	
(	c) Other Political Committees	0.00	0.00	
	(such as PACs)	0.00	0.00	
(	d) Total Contribution Refunds	0.00	0.00	
	(add Lines 28(a), (b), and (c))	0.00	0.00	
9. (	Other Disbursements	0.00	0.00	
	Federal Election Activity (2 U.S.C 431(20))			
	(a) Shared Federal Election Activity			
	(from Schedule H6)	0.00	0.00	
	(i) Federal Share	0.00	0.00	
	(ii) "Levin" Share	0.00	0.00	
	(b) Federal Election Activity Paid Entirely			
	With Federal Funds	0.00	0.00	
	(c) Total Federal Election Activity (add			
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
81.	Total Disbursements (add Lines 21(c), 22,			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	-2000.00	1513.47	
	-, ,,, (-), a 00(0)/			
32.	Total Federal Disbursements			
	(subtract Line 21(a)(ii) and Line 30(a)(ii)			
	from Line 31)	-2000.00	1513.47	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	17191.08	34882.16
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	17191.08	34882.16
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	13.47
7.	Offsets to Operating Expenditures (from Line 15, page 3)	13.47	13.47
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-13.47	0.00

FE6AN026

SCHEDULE A (FEC	<u>-</u>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 36 (check only one)    X   11a
or for commercial purposes, oth  NAME OF COMMITTEE (In  CHARLOTTE-MECKLE)	er than using the name and ac Full)	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.  THCARE SYSTEM EMPLOYEES
FED PAC  Full Name (Last, First, Middle Pamela M Beckwith  Mailing Address 1709 Ro  City  Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011  Primary X General Carolinas (Specify) Technology	State NC  Occupation ADMIN  Aggregat	Zip Code 28226 on te Year-to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Pamela M Beckwith  Mailing Address 1709 Ro  City  Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011  Primary X General Other (specify)	State NC  Occupatin ADMIN  Aggregat	Zip Code 28226  on  te Year-to-Date ▼  833.35	Date of Receipt  0 4 2 9 2 0 1 1  Transaction ID: SA11AI.8322  Amount of Each Receipt this Period  166.67  Payroll Deduction \$166.67  monthly
Full Name (Last, First, Middle Pamela M Beckwith  Mailing Address 1709 Ro  City  Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Carolinas Health Care System  Receipt For: 2011  Primary X General Other (specify)	State NC  Occupation ADMIN  Aggregat	Zip Code 28226  on te Year-to-Date ▼ 1000.02	Date of Receipt  M M M D D D 2011  Transaction ID: SA11AI.8387  Amount of Each Receipt this Period  166.67  Payroll Deduction \$166.67  monthly
SUBTOTAL of Receipts This F	'age (optional)		500.01

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/36 (check only one)    X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	FED PAC  Full Name (Last, First, Middle Initial) Mr. Stephen C Burr  Mailing Address 203 Eslynn Road  City  Mount Holly  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011	State NC C Occupatio ADMIN	Zip Code 28120	Date of Receipt    M M
_	Primary X General Other (specify)	, iggi ogale	250.00	]
3.	Mr. Stephen C Burr  Mailing Address 203 Eslynn Road			Date of Receipt    M
	City	State	Zip Code	Transaction ID: SA11Al.8390
	Mount Holly	NC	28120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			50.00  Payroll Deduction \$50 mon-
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	thly
	Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_ ;.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee Mailing Address PO Box 550934			Date of Receipt
				04 29 2011
	City Gastonia	State NC	Zip Code 28055-0934	Transaction ID: SA11AI.8369  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$41.67 monthly
	Receipt For: 2011 Primary X General Other (specify)	<del>, '</del>	e Year-to-Date ▼ 208.35	
[;	SUBTOTAL of Receipts This Page (optional)	1		141.67

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persor the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee Mailing Address PO Box 550934  City Gastonia  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General Other (specify)	State Zip Code NC 28055-0934  C  Occupation ADMIN  Aggregate Year-to-Date  250.02	Date of Receipt  M M / D D / 2 0 1 1  Transaction ID: SA11AI.8434  Amount of Each Receipt this Period  41.67  Payroll Deduction \$41.67  monthly
Full Name (Last, First, Middle Initial) Mr. Paul G Colavita  Mailing Address 2501 Sedley Road  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Carolinas Health Care System  Receipt For: 2011 Primary X General Other (specify)	State Zip Code NC 28211  C  Occupation ADMIN  Aggregate Year-to-Date  208.35	Date of Receipt  M M / 29 / 2011  Transaction ID: SA11AI.8330  Amount of Each Receipt this Period  41.67  Payroll Deduction \$41.67  monthly
Full Name (Last, First, Middle Initial) Mr. Paul G Colavita  Mailing Address 2501 Sedley Road  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General Other (specify)	State Zip Code NC 28211  C Occupation ADMIN Aggregate Year-to-Date  250.02	Date of Receipt    M   M   D   D   2 0 1 1     Transaction ID: SA11Al.8395   Amount of Each Receipt this Period     41.67   Payroll Deduction \$41.67
SUBTOTAL of Receipts This Page (optional	)	125.01

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/36   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any pers- ress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOFED PAC	SPITAL AUTHO	DRITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford			Date of Receipt
Mailing Address 6836 Alexander Roa	M M / D D / Y Y Y Y Y O D D / 2011		
City	State	Zip Code	Transaction ID: SA11AI.8279
Charlotte FEC ID number of contributing federal political committee.	C	28270	Amount of Each Receipt this Period  100.00
Name of Employer CarolinasHealthCareSystem	Occupation PHYS		Payroll Deduction \$100 monthly
Receipt For: 2011 Primary X General Other (specify) ▼		Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford			Date of Receipt
Mailing Address 6836 Alexander Roa	nd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State NC	Zip Code 28270	Transaction ID: SA11AI.8346  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	LOLIO TO THE PART OF THE PART	100.00
Name of Employer CarolinasHealthCareSystem	Occupation PHYS		Payroll Deduction \$100 monthly
Receipt For: 2011 Primary X General Other (specify) ▼	- + -	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford			Date of Receipt
Mailing Address 6836 Alexander Roa	ad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State NC	Zip Code	Transaction ID: SA11AI.8413
FEC ID number of contributing federal political committee.	C	28270	Amount of Each Receipt this Period  100.00
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	1	Payroll Deduction \$100 monthly
Receipt For: 2011 Primary X General Other (specify) ▼		Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)	)		300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 36 (check only one)  X 11a 11b 11c 12  13 14 15 16		
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to DSPITAL AUTHORITY/CAROLINAS HEAL	o solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Aver		Date of Receipt  0 4 0 1 2 0 1 1		
City Charlotte	State Zip Code NC 28203	Transaction ID: SA11AI.8249  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C 20200	416.67		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly		
Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.68			
Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Aver	nue #413	Date of Receipt  O 4		
City	City State Zip Code			
<u>Charlotte</u>	NC 28203	Transaction ID: SA11AI.8316  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	416.67		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly		
Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼  2083.35			
Full Name (Last, First, Middle Initial) Mr. Paul S Franz		Date of Receipt		
Mailing Address 1320 Fillmore Aver	nue #413	0 6 0 1 2 0 1 1		
City	State Zip Code	Transaction ID: SA11AI.8381		
Charlotte	NC 28203	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	416.67  Payroll Deduction \$416.67		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	monthly		
Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.02			
SUBTOTAL of Receipts This Page (optional	al)	1250.01		

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate for each cate Detailed Sum	egory of the
7	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or une name and address of any politic	used by any person for the purpose of soliciting contributions tical committee to solicit contributions from such committee.
	CHARLOTTE-MECKLENBURG HOFFED PAC	SPITAL AUTHORITY/CARO	DLINAS HEALTHCARE SYSTEM EMPLOYEES
۱.	Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman		Date of Receipt
	Mailing Address 8221 Buena Vista D		04 01 2011
	City Denver	State Zip Code NC 28037	Transaction ID: SA11AI.8291  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$250 mo- nthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate Year-to-Date	1000.00
	Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman		Date of Receipt
	Mailing Address 8221 Buena Vista D	04 29 2011	
	City Denver	State Zip Code NC 28037	Transaction ID: SA11AI.8358
	FEC ID number of contributing federal political committee.	C 26037	Amount of Each Receipt this Period  250.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$250 monthly
	Receipt For: 2011 Primary X General	Aggregate Year-to-Date	
	Other (specify)		1250.00
	Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman	1	Date of Receipt
	Mailing Address 8221 Buena Vista D	ive	0 6 0 1 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.8423
	Denver  FEC ID number of contributing federal political committee.	NC 28037	Amount of Each Receipt this Period  250.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$250 mo- nthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate Year-to-Date	1500.00
Γ			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 36 (check only one)    X
<i>A</i>	any information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may he name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CHARLOTTE-MECKLENBURG HOS	SPITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
۸.	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar  Mailing Address 4625 Cotton Creek [	)rive		Date of Receipt
		04 01 2011		
	Charlette	State	Zip Code	Transaction ID: SA11AI.8270
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$416.67 monthly
	Receipt For: 2011	Aggregate	e Year-to-Date ▼	
	Primary X General Other (specify) ▼	0 0	1666.68	
_	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar			Date of Receipt
	Mailing Address 4625 Cotton Creek [	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.8337
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			416.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$416.67 monthly
	Receipt For: 2011	Aggregate	e Year-to-Date ▼	
	Primary X General Other (specify) ▼	0 0	2083.35	
_	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar			Date of Receipt
	Mailing Address 4625 Cotton Creek I	Orive		06 01 2011
	City	State	Zip Code	Transaction ID: SA11AI.8403
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$416.67 monthly
	Receipt For: 2011	Aggregate	e Year-to-Date ▼	_
	Primary X General Other (specify) ▼		2500.02	
Г				1250.01

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 36 (check only one)    X
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEAL	THCARE SYSTEM EMPLOYEES
∠ <b>4</b> .	Full Name (Last, First, Middle Initial) Ms. Janet D Handy			Date of Receipt
	Mailing Address 8044 Silver Jade Lan	0 4 2 9 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.8355
	Denver	NC	28037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$41.67 monthly
	Receipt For: 2011 Primary X General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		208.35	
- 3.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy			Date of Receipt
	Mailing Address 8044 Silver Jade Lan	06 01 2011		
	City	State	Zip Code	Transaction ID: SA11AI.8421
	Denver	NC	28037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$41.67 monthly
	Receipt For: 2011	Aggregate	e Year-to-Date ▼	
	Primary X General Other (specify) ▼		250.02	
- :.	Full Name (Last, First, Middle Initial) Henry C Hawthorne			Date of Receipt
	Mailing Address 1310 James B White	Hwy N		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.8248
	Whiteville	NC	28472	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$83.34 monthly
	Receipt For: 2011	Aggregate	e Year-to-Date	_
	Primary X General Other (specify) ▼		333.36	
Γ				166.68

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 36 (check only one)    X   11a
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	o solicit contributions from such committee.
$\angle$	CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
	Full Name (Last, First, Middle Initial) Henry C Hawthorne			Date of Receipt
	Mailing Address 1310 James B White F	Hwy N		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State NC	Zip Code	Transaction ID: SA11AI.8315
	Whiteville FEC ID number of contributing federal political committee.	C	28472	Amount of Each Receipt this Period  83.34
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$83.34 monthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70	
	Full Name (Last, First, Middle Initial) Henry C Hawthorne  Mailing Address 1310 James B White H	Hww N		Date of Receipt
		06 01 2011		
	City Whiteville	State NC	Zip Code 28472	Transaction ID: SA11AI.8380  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$83.34 monthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	
_	Full Name (Last, First, Middle Initial) Laurence C Hinsdale	1		Date of Receipt
	Mailing Address 7117 Stirewalt Road			0 4 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.8284
	Concord  FEC ID number of contributing federal political committee.	C	28027	Amount of Each Receipt this Period 250.09
	Name of Employer Carolinas HealthCare Syst- em	Occupatio ADMIN	n	Payroll Deduction \$250.09 monthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.36	
Γ	SUBTOTAL of Receipts This Page (optional)	1		416.77

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 36 (check only one)    X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE FED PAC	e name and add	dress of any political committee to	o solicit contributions from such committee.
∠ <b>A.</b>	Full Name (Last, First, Middle Initial) Laurence C Hinsdale  Mailing Address 7117 Stirewalt Road			Date of Receipt  0 4 2 9 2 0 1 1
	City Concord	State NC	Zip Code 28027	Transaction ID: SA11AI.8351  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.09
	Name of Employer Carolinas HealthCare System  Receipt For: 2011  Primary X General  Other (specify) ▼	Occupation ADMIN Aggregate	Year-to-Date ▼ 1250.45	Payroll Deduction \$250.09 monthly
3.	Full Name (Last, First, Middle Initial) Laurence C Hinsdale  Mailing Address 7117 Stirewalt Road			Date of Receipt  0 6 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.8418
	Concord  FEC ID number of contributing federal political committee.	NC C	28027	Amount of Each Receipt this Period 250.09
	Name of Employer Carolinas HealthCare System  Receipt For: 2011  Primary X General Other (specify) ▼	Occupation ADMIN Aggregate	Year-to-Date ▼ 1500.54	Payroll Deduction \$250.09 monthly
- :.	Full Name (Last, First, Middle Initial)  James C Hunter  Mailing Address 1506 Providence Drive	e e		Date of Receipt  0 4 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.8252
	Charlotte  FEC ID number of contributing federal political committee.	C	28211	Amount of Each Receipt this Period  166.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$166.67 monthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	<del>, '</del>	Year-to-Date ▼ 666.68	
	SUBTOTAL of Receipts This Page (optional)	1		666.85

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 36 (check only one)    X
or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG I	and Statements may not be sold or used by any persong the name and address of any political committee to	o solicit contributions from such committee.
FED PAC  Full Name (Last, First, Middle Initial)  James C Hunter  Mailing Address 1506 Providence  City  Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem	State Zip Code NC 28211  C Occupation ADMIN	Date of Receipt    M M
Receipt For: 2011 Primary X General Other (specify)  Full Name (Last, First, Middle Initial) James C Hunter Mailing Address 1506 Providence City	Aggregate Year-to-Date ▼  833.35  Drive  State Zip Code	Date of Receipt  M M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011  Primary X General  Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date  1000.02	Amount of Each Receipt this Period  166.67  Payroll Deduction \$166.67  monthly
Full Name (Last, First, Middle Initial) Mr. Frank S Letherby Mailing Address 5234 Lancelot Dr  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General Other (specify)	State Zip Code NC 28270  C  Occupation ADMIN  Aggregate Year-to-Date  333.36	Date of Receipt    M   M   D   D   2 0 1 1   Transaction ID: SA11AI.8271   Amount of Each Receipt this Period   83.34   Payroll Deduction \$83.34 monthly
SUBTOTAL of Receipts This Page (optic	nal)	416.68

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 36 (check only one)    X   11a
1	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
۷.	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby			Date of Receipt
	Mailing Address 5234 Lancelot Drive			0 4 2 9 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.8338
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$83.34 monthly
	Receipt For: 2011 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 416.70	7
– В.	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby Mailing Address 5234 Lancelot Drive	0 0		Date of Receipt
	Maining Addition 52.54 Lancelot Drive			06 01 2011
	Charlette	State	Zip Code	Transaction ID: SA11AI.8404
	Charlotte  FEC ID number of contributing federal political committee.	NC C	28270	Amount of Each Receipt this Period  83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$83.34 monthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	
_ ).	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly			Date of Receipt
	Mailing Address 9306 Copans Glen La	ane		04 01 2011
	City	State	Zip Code	Transaction ID: SA11Al.8294
	Huntersville FEC ID number of contributing federal political committee.	NC C	28078	Amount of Each Receipt this Period 83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$83.34 monthly
	Receipt For: 2011 Primary X General Other (specify) ▼	<del></del>	Year-to-Date ▼ 333.36	
Γ	SUBTOTAL of Receipts This Page (optional)	1		250.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 36 (check only one)    X   11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEAL	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly Mailing Address 9306 Copans Glen La City Huntersville FEC ID number of contributing federal political committee.	State Zip Code NC 28078  C Occupation	Date of Receipt    M M
Name of Employer CarolinasHealthCareSystem  Receipt For: 2011  Primary X General  Other (specify) ▼	ADMIN  Aggregate Year-to-Date ▼  416.70	monthly
Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly Mailing Address 9306 Copans Glen La	ane	Date of Receipt  0 6 0 1 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.8427
Huntersville FEC ID number of contributing federal political committee.	NC 28078	Amount of Each Receipt this Period 83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	
Full Name (Last, First, Middle Initial) Carol A Lovin		Date of Receipt
Mailing Address 7023 Conservatory L	ane	M M / D D / Y Y Y Y Y Y O 4 0 1 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.8281
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
	•	250.02

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
4	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
۱.	Full Name (Last, First, Middle Initial) Carol A Lovin			Date of Receipt
	Mailing Address 7023 Conservatory La	ine		04 29 2011
	City	State	Zip Code	Transaction ID: SA11AI.8348
	Charlotte	NC	28210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$83.34 monthly
	Receipt For: 2011	Aggregate	e Year-to-Date	
	Primary X General Other (specify) ▼	0 0	416.70	
_	Full Name (Last, First, Middle Initial) Carol A Lovin			Date of Receipt
	Mailing Address 7023 Conservatory La	ine		06 01 2011
	City	State	Zip Code	Transaction ID: SA11Al.8415
	Charlotte	NC	28210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		Payroll Deduction \$83.34
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	monthly
	Receipt For: 2011 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 500.04	
_	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt			Date of Receipt
	Mailing Address 826 Berkeley Avenue			04 01 2011
	City	State	Zip Code	Transaction ID: SA11AI.8292
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$166.67 monthly
	Receipt For: 2011 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 666.68	
Γ	SUBTOTAL of Receipts This Page (optional)	1		333.35

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
1	Any information copied from such Reports and Sor for commercial purposes, other than using the	statements may not be sold or used a name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI FED PAC	PITAL AUTHORITY/CAROLIN	AS HEALTHCARE SYSTEM EMPLOYEES
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt		Date of Receipt
	Mailing Address 826 Berkeley Avenue		04 29 2011
	City <u>Charlotte</u>	State Zip Code NC 28203	Transaction ID: SA11AI.8359  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	166.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	333.35
_ В.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt Mailing Address 826 Berkeley Avenue	L	Date of Receipt
			06 01 2011
	City	State Zip Code NC 28203	Transaction ID: SA11AI.8424
	Charlotte  FEC ID number of contributing federal political committee.	NC 28203	Amount of Each Receipt this Period  166.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	000.02
_ C.	Full Name (Last, First, Middle Initial) Mr. James C Olsen		Date of Receipt
	Mailing Address 5900 Summerston Pla	се	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Charlette	State Zip Code	Transaction ID: SA11AI.8274
	Charlotte  FEC ID number of contributing federal political committee.	NC 28277	Amount of Each Receipt this Period  100.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$100 mo- nthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	400.00
	SUBTOTAL of Receipts This Page (optional) .	<u> </u>	433.34

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			
7	any information copied from such Reports and reformercial purposes, other than using	d Statements may the name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO FED PAC			
. K	Full Name (Last, First, Middle Initial) Mr. James C Olsen			Date of Receipt
	Mailing Address 5900 Summerston F	Place		04 29 2011
	City	State	Zip Code	Transaction ID: SA11Al.8341
	Charlotte	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	١	Payroll Deduction \$100 mo- nthly
	Receipt For: 2011		Year-to-Date ▼	
	Primary X General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Mr. James C Olsen			Date of Receipt
	Mailing Address 5900 Summerston F	Place		M M / D D / Y Y Y Y Y Y O D D / 2 D 1 1
	City	State	Zip Code	Transaction ID: SA11AI.8407
	Charlotte	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	Payroll Deduction \$100 mo- nthly
	Receipt For: 2011		Year-to-Date ▼	
	Primary X General Other (specify) ▼		600.00	
_	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont			Date of Receipt
	Mailing Address 2028 Hopedale Aver	nue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.8257
	Charlotte	NC	28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	١	Payroll Deduction \$400 monthly
	Receipt For: 2011	Aggregate	Year-to-Date ▼	
	Primary X General Other (specify) ▼		1600.00	
Γ				600.00
	SUBTOTAL of Receipts This Page (optional	)		

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Ar	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG HOSED PAC	the name and addr	ess of any political committee to	
	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont Mailing Address 2028 Hopedale Aver	nue		Date of Receipt  0 4 2 9 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.8324
	Charlotte	NC	28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$400 mo- nthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 2000.00	
	Full Name (Last, First, Middle Initial)  Mr. Joseph G Piemont  Mailing Address 2028 Hopedale Aver	nue		Date of Receipt
	Cit.	Ctata	Zin Codo	06 01 2011
	City Charlotte	State NC	Zip Code 28207	Transaction ID: SA11AI.8389  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20201	400.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$400 mo- nthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 2400.00	
	Full Name (Last, First, Middle Initial) Debra Plousha Moore Mailing Address 6935 Conservatory I	_ane		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: SA11AI.8280
	Charlotte	NC	28210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN		Payroll Deduction \$250 monthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			1050.00

Γ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
1	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
. ∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Debra Plousha Moore			Date of Receipt
	Mailing Address 6935 Conservatory La	ane		0 4 2 9 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.8347
	Charlotte	NC	28210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	n	Payroll Deduction \$250 monthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
_ 3.	Full Name (Last, First, Middle Initial) Debra Plousha Moore			Date of Receipt
	Mailing Address 6935 Conservatory La	06 01 2011		
	City	State	Zip Code	Transaction ID: SA11AI.8414
	Charlotte	NC	28210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	n	Payroll Deduction \$250 monthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
. –	Full Name (Last, First, Middle Initial) Thomas J Pulliam			Date of Receipt
	Mailing Address 1105 Fawnbrook Roa	d		0 4 0 1 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.8244
	Lewisville	NC	27023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS	n	Payroll Deduction \$200 monthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 36 (check only one)    X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG HO	d Statements may not be sold or used by any personal the name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	o solicit contributions from such committee.
FED PAC  Full Name (Last, First, Middle Initial) Thomas J Pulliam  Mailing Address 1105 Fawnbrook Ro  City Lewisville  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General	State Zip Code NC 27023  C  Occupation PHYS  Aggregate Year-to-Date ▼	Date of Receipt    M   M   29   2011   Transaction ID: SA11AI.8311   Amount of Each Receipt this Period   200.00    Payroll Deduction \$200 monthly
Full Name (Last, First, Middle Initial) Thomas J Pulliam Mailing Address 1105 Fawnbrook Ro  City Lewisville FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General Other (specify)	State Zip Code NC 27023  C  Occupation PHYS  Aggregate Year-to-Date   1200.00	Date of Receipt  M M M / D D / Y Y Y Y Y  0 6 0 1 2 0 1 1  Transaction ID: SA11AI.8376  Amount of Each Receipt this Period  200.00  Payroll Deduction \$200 monthly
Full Name (Last, First, Middle Initial) Mr. Roger A Ray Mailing Address 11029 Lederer Ave  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General Other (specify)	State Zip Code NC 28277  C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt  M M M D D D 2 2 0 1 1  Transaction ID: SA11AI.8243  Amount of Each Receipt this Period  333.34  Payroll Deduction \$333.34  monthly
SUBTOTAL of Receipts This Page (optional)	)	733.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 36 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Mr. Roger A Ray			Date of Receipt
Mailing Address 11029 Lederer Ave			04 29 2011
City	State	Zip Code	Transaction ID: SA11AI.8310
Charlotte	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		333.34
Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$333.34 monthly
Receipt For: 2011	Aggregate	e Year-to-Date ▼	
Primary X General Other (specify) ▼	33 33	1666.70	]
Full Name (Last, First, Middle Initial) Mr. Roger A Ray			Date of Receipt
Mailing Address 11029 Lederer Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8375
Charlotte	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		333.34
Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$333.34 monthly
Receipt For: 2011 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 2000.04	]
Full Name (Last, First, Middle Initial) Lawrence W Raymond			Date of Receipt
Mailing Address 5740 Ballinard Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8272
Charlotte	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		65.00
Name of Employer Carolinas HealthCare Syst- em	Occupatio PHYS	n	Payroll Deduction \$65 monthly
Receipt For: 2011	Aggregate	e Year-to-Date ▼	
Primary X General Other (specify) ▼		260.00	
			731.68

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	Statements may not be sold or used by any persone name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	solicit contributions from such committee.
FED PAC  Full Name (Last, First, Middle Initial) Lawrence W Raymond  Mailing Address 5740 Ballinard Lane  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2011  Primary X General Other (specify)	State Zip Code NC 28277  C Occupation PHYS Aggregate Year-to-Date  325.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 4 2 9 2 0 1 1  Transaction ID: SA11AI.8339  Amount of Each Receipt this Period  65.00  Payroll Deduction \$65 monthly
Full Name (Last, First, Middle Initial) Lawrence W Raymond  Mailing Address 5740 Ballinard Lane  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2011  Primary X General Other (specify)	State Zip Code NC 28277  C Occupation PHYS Aggregate Year-to-Date  390.00	Date of Receipt  M M M / D D / 2 0 1 1  Transaction ID: SA11Al.8405  Amount of Each Receipt this Period  65.00  Payroll Deduction \$65 monthly
Full Name (Last, First, Middle Initial) Pamela M Rowell  Mailing Address 9702 Heritage Lane  City Indian Trail  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2011  Primary X General Other (specify)	State Zip Code NC 28079  C  Occupation ADMIN  Aggregate Year-to-Date  208.35	Date of Receipt  M M / 29 / 2011  Transaction ID: SA11AI.8364  Amount of Each Receipt this Period  41.67  Payroll Deduction \$41.67
SUBTOTAL of Receipts This Page (optional)		171.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	Statements may not be sold or used by any persone name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	solicit contributions from such committee.
FED PAC  Full Name (Last, First, Middle Initial) Pamela M Rowell  Mailing Address 9702 Heritage Lane  City Indian Trail  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2011  Primary X General Other (specify)	State Zip Code NC 28079  C  Occupation ADMIN  Aggregate Year-to-Date  250.02	Date of Receipt  M M M O D D O D O D O D O D O D O D O D
Full Name (Last, First, Middle Initial) Kenneth A Shull Mailing Address 82 Hyde Avenue  City Tryon  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General Other (specify)	State Zip Code NC 28782  C  Occupation ADMIN  Aggregate Year-to-Date  208.35	Date of Receipt  M M / 29 / 2011  Transaction ID: SA11AI.8357  Amount of Each Receipt this Period  41.67  Payroll Deduction \$41.67  monthly
Full Name (Last, First, Middle Initial) Kenneth A Shull Mailing Address 82 Hyde Avenue  City Tryon  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General Other (specify)	State Zip Code NC 28782  C  Occupation ADMIN  Aggregate Year-to-Date  250.02	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6
SUBTOTAL of Receipts This Page (optional)		125.01

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions
	CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTHO	DRITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
	Full Name (Last, First, Middle Initial) Daniel W Sweat  Mailing Address 133 Twin Lake Drive			Date of Receipt
				04 01 2011
	City	State NC	Zip Code	Transaction ID: SA11AI.8250
	Shelby FEC ID number of contributing federal political committee.	C	28152	Amount of Each Receipt this Period  100.00
	Name of Employer CarolinasHealthCareSystem	Occupation		Payroll Deduction \$100 mo- nthly
	Receipt For: 2011 Primary X General Other (specify) ▼	_,	Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Daniel W Sweat			Date of Receipt
	Mailing Address 133 Twin Lake Drive			04 29 2011
	City	State	Zip Code	Transaction ID: SA11AI.8317
	Shelby	NC	28152	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00  Payroll Deduction \$100 mo-
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		nthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
_	Full Name (Last, First, Middle Initial) Daniel W Sweat			Date of Receipt
	Mailing Address 133 Twin Lake Drive			M M / D D / Y Y Y Y Y O D D / 2011
	City	State	Zip Code	Transaction ID: SA11Al.8382
	Shelby FEC ID number of contributing	NC C	28152	Amount of Each Receipt this Period  100.00
	rederal political committee.  Name of Employer CarolinasHealthCareSystem  Occupation ADMIN			Payroll Deduction \$100 mo- nthly
	Receipt For: 2011	ADMIN	Veer to Date	_
	Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]
Γ,	SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 36 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG HOSE FED PAC	Statements may not be sold or used by any personal part of the name and address of any political committee to PITAL AUTHORITY/CAROLINAS HEALT	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 1414 Biltmore Drive  City Charlotte	State Zip Code NC 28207	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011  Primary X General Other (specify) ▼	Occupation ADMIN  Aggregate Year-to-Date   1666.68	Payroll Deduction \$416.67 monthly
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 1414 Biltmore Drive  City Charlotte	State Zip Code NC 28207	Date of Receipt  M M M / D D / Y Y Y Y Y Y  O 4 2 9 2 0 1 1  Transaction ID: SA11AI.8318  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General Other (specify)	Occupation ADMIN  Aggregate Year-to-Date   2083.35	Payroll Deduction \$416.67 monthly
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater  Mailing Address 1414 Biltmore Drive  City Charlotte	State Zip Code NC 28207	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011  Primary X General	Occupation ADMIN  Aggregate Year-to-Date   2500.02	Payroll Deduction \$416.67 monthly
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)		1250.01

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 36 (check only one)    X
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG HOS	e name and ad	dress of any political committee to	o solicit contributions from such committee.
  FED PAC  Full Name (Last, First, Middle Initial)  Joan Thomas  Mailing Address 230 Summermore Dri	ive		Date of Receipt  0 4 0 1 2 0 1 1
City Charlotte	State NC	Zip Code 28270	Transaction ID: SA11AI.8260  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Carolinas HealthCare System Receipt For: 2011 Primary X General Other (specify) ▼	Occupatio Administ Aggregate		Payroll Deduction \$250 monthly
Full Name (Last, First, Middle Initial) Joan Thomas  Mailing Address 230 Summermore Dri	ive		Date of Receipt  0 4 2 9 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.8327
Charlotte  FEC ID number of contributing federal political committee.	NC C	28270	Amount of Each Receipt this Period  250.00
Name of Employer Carolinas HealthCare System Receipt For: 2011	Occupatio Administ		Payroll Deduction \$250 monthly
Primary X General Other (specify) ▼	Aggregate	1250.00	]
Full Name (Last, First, Middle Initial) Joan Thomas  Mailing Address 230 Summermore Dri	ive		Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: SA11AI.8392
Charlotte  FEC ID number of contributing federal political committee.	NC C	28270	Amount of Each Receipt this Period  250.00
Name of Employer Carolinas HealthCare System Receipt For: 2011	Occupatio Administ		Payroll Deduction \$250 mo- nthly
Primary X General Other (specify) ▼	Aggregate	1500.00	
SUBTOTAL of Receipts This Page (optional) .	1		750.00

Ar or	for commercial purposes, other than using to NAME OF COMMITTEE (In Full)		o solicit contributions from such committee.  THCARE SYSTEM EMPLOYEES  Date of Receipt
<b>A</b> .	CHARLOTTE-MECKLENBURG HOSE FED PAC  Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins  Mailing Address 6417 Seton House L  City	ane	Date of Receipt
<b>A.</b>	Mr. Robert H Wiggins  Mailing Address 6417 Seton House L  City		<u>'</u>
	City		
		Ctata Zin Cada	04 01 7 2011
	Charlotte	State Zip Code	Transaction ID: SA11AI.8277
	550 ID 1 (	NC 28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
	Receipt For: 2011	Aggregate Year-to-Date ▼	
	Primary X General Other (specify) ▼	333.36	
— 3.	Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins		Date of Receipt
	Mailing Address 6417 Seton House L	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.8344
	Charlotte	NC 28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
	Receipt For: 2011	Aggregate Year-to-Date ▼	
	Primary X General Other (specify) ▼	416.70	
 :.	Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins	1	Date of Receipt
	Mailing Address 6417 Seton House L		06 01 7 9 9 9
	Charlette	State Zip Code	Transaction ID: SA11AI.8411
	Charlotte	NC 28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
	Receipt For: 2011	Aggregate Year-to-Date ▼	_
	Primary X General Other (specify) ▼	500.04	
	UBTOTAL of Receipts This Page (optional)	1	250.02

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 36 (check only one)    X
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG	and Statements may not be sold or used by any personing the name and address of any political committee to HOSPITAL AUTHORITY/CAROLINAS HEALT	o solicit contributions from such committee.
FED PAC  Full Name (Last, First, Middle Initial)  Ms. Phyllis Wingate-Jones  Mailing Address 6005 Willowood  City  Kannapolis  FEC ID number of contributing federal political committee.  Name of Employer Carolinas Health Care System  Receipt For: 2011  Primary X General	State Zip Code NC 28081  C  Occupation ADMIN  Aggregate Year-to-Date	Date of Receipt  M M M O 1 2 0 1 1  Transaction ID: SA11AI.8301  Amount of Each Receipt this Period  166.67  Payroll Deduction \$166.67  monthly
Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones Mailing Address 6005 Willowood  City Kannapolis  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011  Primary X General Other (specify) ▼	Rd  State Zip Code NC 28081  C  Occupation ADMIN  Aggregate Year-to-Date   833.35	Date of Receipt  M M M 29 2011  Transaction ID: SA11AI.8368  Amount of Each Receipt this Period  166.67  Payroll Deduction \$166.67
Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones Mailing Address 6005 Willowood  City Kannapolis FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General Other (specify)	State Zip Code NC 28081  C  Occupation ADMIN  Aggregate Year-to-Date ▼	Date of Receipt  M M M O 1 2011  Transaction ID: SA11AI.8408  Amount of Each Receipt this Period  166.67  Payroll Deduction \$166.67
SUBTOTAL of Receipts This Page (option	onal)	500.01

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG HOS FED PAC	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u></u>	Full Name (Last, First, Middle Initial) Jean Wright Mailing Address 8636 Carly Lane			Date of Receipt  0 4 0 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	City	State	Zip Code	Transaction ID: SA11AI.8293
	Mint Hill FEC ID number of contributing federal political committee.	C	28227	Amount of Each Receipt this Period  83.34
	Name of Employer Carolinas Healthcare System  Receipt For: 2011  Primary X General  Other (specify) ▼	Occupation Physician Aggregate		Payroll Deduction \$83.34 monthly
	Full Name (Last, First, Middle Initial) Jean Wright Mailing Address 8636 Carly Lane			Date of Receipt  0 4 2 9 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.8360
	Mint Hill FEC ID number of contributing federal political committee.	C	28227	Amount of Each Receipt this Period  83.34
	Name of Employer Carolinas Healthcare System Receipt For: 2011	Occupation Physician	1	Payroll Deduction \$83.34 monthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70	
	Full Name (Last, First, Middle Initial)  Jean Wright  Mailing Address 8636 Carly Lane			Date of Receipt  0 6 0 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	City	State	Zip Code	Transaction ID: SA11AI.8426
	Mint Hill FEC ID number of contributing federal political committee.	C	28227	Amount of Each Receipt this Period  83.34
	Name of Employer Carolinas Healthcare Syst- em	Occupation Physician	1	Payroll Deduction \$83.34 monthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		250.02

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 36 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG HOS FED PAC	he name and add	dress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)  Zachary Zapack  Mailing Address 1015 Charlotte Ave #  City  Rock Hill  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2011  Primary X General  Other (specify)	State SC C Occupation Administr	rator Year-to-Date ▼ 333.36	Date of Receipt    M   M   D   D   2 0 1 1
	Full Name (Last, First, Middle Initial) Zachary Zapack Mailing Address 1015 Charlotte Ave #  City Rock Hill  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2011 Primary X General Other (specify)	State SC C Occupation Administr		Date of Receipt    M M
	Full Name (Last, First, Middle Initial) Zachary Zapack Mailing Address 1015 Charlotte Ave #  City Rock Hill  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2011  Primary X General Other (specify)	State SC C Occupation Administr		Date of Receipt    M M M
	SUBTOTAL of Receipts This Page (optional)			250.02
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	nds of Joe ng Address  vnesville ose of Disbu k returned ar didate Name e Sought:  Exame (Last, Haire for N ng Address a ose of Disbu k returned ar didate Name e Sought:	nds of Joe Sam Queen  ng Address 71 Pigeon St  vnesville ose of Disbursement k returned and voided didate Name  e Sought: House Senate President District: Name (Last, First, Middle Initial) Haire for NC House of Rep  ng Address PO BOX 727  a ose of Disbursement k returned and voided didate Name  e Sought: House Senate President District:  OTAL of Disbursements This Pa	nds of Joe Sam Queen  ng Address 71 Pigeon Street  //nesville Street	And Sof Joe Sam Queen  Ing Address 71 Pigeon Street  Ing Address Polishursement Received Primary  Ing President Primary  Ing Address Polish President Primary  Ing Address Polish President Primary  Ing Address Polish President Primary  Ing Address Polishursement Received Primary  Ing Address Polishursement Polishursement For:  Ing Address Polishursement Primary  Ing Address Po	Indicate Name  Resought:	nds of Joe Sam Queen  Ing Address 71 Pigeon Street  Ing Address Po Box 727  I	nds of Joe Sam Queen  Ing Address 71 Pigeon Street  Ing Address Possible Primary	nds of Joe Sam Queen  Ing Address 71 Pigeon Street  State Zip Code NC 28786  Ing Address 71 Pigeon Street  Ing Address Po Box 727  Ing Address Po Box 727	nds of Joe Sam Queen  Ing Address 71 Pigeon Street  State Zip Code NC 28786  Index of Disbursement Returned and voided  Index of Disbursement For: 2010  Index of Disbursement Returned Return	ands of Joe Sam Queen  Date of Dist  Many Address 71 Pigeon Street  State Zip Code NC 28786  Disbursement Returned and voided Representatives  Name (Last, First, Middle Initial)  Haire for NC House of Representatives  Disbursement Returned and voided  State Zip Code NC 2010  Primary X General Other (specify)  Transaction Date of Disbursement Returned and voided  State Zip Code NC 28779  District:  State Zip Code NC 28779  Amount of E  Category/ Type  Amount of E  Category/ Type  Amount of E  Category/ Type  Primary X General Other (specify)  Other (specify)  Transaction Date of Disbursement Returned and voided  State Zip Code NC 28779  Other (specify)  Other (specify)  Type  Primary X General Other (specify)  Other (specify)  Other (specify)  Other (specify)	nds of Joe Sam Queen  Ing Address 71 Pigeon Street  State Zip Code NC 28786  See of Disbursement k returned and voided didate Name  President President State Zip Code NC 28786  Senate Primary X General Other (specify) ▼  Transaction ID: Date of Disbursement For: 2010  Primary X General Other (specify) ▼  Transaction ID: Date of Disbursement For: 2010  State Zip Code NC 28779  State Zip Code NC 28779  Amount of Each I Disbursement For: 2010  Date of Disbursement For: 2010  Category/ Type  Amount of Each I Date of Disbursement For: 2010  State Zip Code NC 28779  One of Disbursement For: 2010  State Zip Code NC 28779  One of Disbursement For: 2010  State Zip Code NC 28779  One of Disbursement For: 2010  State Zip Code NC 28779  One of Disbursement For: 2010  State Zip Code NC 28779  One of Disbursement For: 2010  One of Disbursement For: 2010  State Zip Code NC 28779  One of Disbursement For: 2010  One of Disbursement	nds of Joe Sam Queen  Ing Address 71 Pigeon Street  State Zip Code NC 28786  Indicate Name  Ing Address 71 Pigeon Street  State Zip Code NC 28786  Indicate Name  Ing Address Po Box 727  State Zip Code NC 28786  Indicate Name  Ing Address Po Box 727  Ing Address Po Box 728  Ing Address Po Box 727  Ing Address Po Box 728  Ing Address Po Box	nds of Joe Sam Queen  Date of Disbursement  M M M	and sof Joe Sam Queen  The property of the pr

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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check onl	NUMBER: y one)	PAGE 36/36					
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	y Information copied from such Reports and Sta for commercial purposes, other than using the n									
$\rangle$	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI FED PAC	TAL AUTHORITY/CAROLINA	AS HEALTH	CARE SYSTEM E	EMPLOYE	ΞS				
	Full Name (Last, First, Middle Initial) Snow for Senate Campaign  Mailing Address 105 Van Horn Street			Transaction ID: Date of Disburser	ment	39 Ž 0 1 1	Y			
	City Murphy Purpose of Disbursement	State Zip Code NC 28906		Amount of Each I		nt this P	eriod			
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	Office Sought:    House   Disbute     Senate   President     State: District:	rsement For: 2010 Primary X General Other (specify)	Туре							
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SUBTOTAL of Disbursements This Page (optional)	•	-500.00
TOTAL This Period (last page this line number only)	<u> </u>	-2000.00